

12-LEAD ELECTROCARDIOGRAPHY

INDICATIONS:

- Patient suspected of having myocardial infarction.
 - Generally over 30 years of age with:
 - non-traumatic chest pain/discomfort
 - difficulty breathing
 - syncope.
- May be considered in patients with stable tachycardia for diagnostic purposes.

CONTRAINDICATIONS (RELATIVE):

- Uncooperative patient.
- Presence of ventricular tachycardia, ventricular fibrillation, or 3rd degree AV block.
- Life-threatening conditions.
- Situations in which a delay to obtain EKG (greater than one minute) would compromise care of the patient.

PROCEDURE:

- Complete initial assessment and stabilizing treatment (DO NOT DELAY TREATMENT FOR 12-LEAD). May acquire 12-Lead at incident location or in vehicle just prior to beginning transport.
- Place 12-Lead and acquire tracing as per manufacturer's directions.
- Relay EKG interpretation to base hospital. Assure that receiving hospital is advised if machine interpretation is "acute myocardial infarction suspected."
- If defibrillation or synchronized cardioversion are necessary, place paddles or defibrillation electrodes, removing precordial leads if necessary.

DOCUMENTATION:

- Document performance of 12-Lead and interpretation on patient care record (PCR).
- Provide original tracing to receiving hospital. Attach copy of 12-lead to Base copy and provider copy of PCR.

Notes:

- **Approximate time to acquire 12-lead should be no longer than one minute.**